

MRC Volunteer Application & Registration

Public Health Preparedness

707 N. Armstrong Pl. Boise, ID. 83704 Tel. (208) 321-2215 Fax (208) 327-8554 cdhd.idaho.gov

The Central District Health Department (CDHD) has a lead role in responding to natural and man-made public health emergencies and disasters. Our Medical Reserve Corps (MRC) is a community-based program designed to develop a well-trained team of local volunteers who are willing to contribute their skills and expertise to their community so that we all may be better equipped to prepare for and respond to public health emergencies of all kinds as well as promote healthy living throughout the year.

Volunteers can choose how they would like to contribute their time and talents to the program. They may choose to assist only during a public health emergency or throughout the year by assisting in various areas of need within the health department. Medical and non-medical members of our Ada, Boise, Elmore and Valley County communities are encouraged to become involved. If you would like to support your community, complete and return this form to our office.

Personal	First Name	Last Name		County of Residency		
	Street Address	City	State	Zip Code	Date of Birth	
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	Daytime Telephone	Cell or Alternate Number		Email - will be our primary means of communication		
	Emergency Contact Information					
	First Name	Last Name		Contact Phone Number		
	Which of these specific service categories best describes your skills?					
terest	MEDICAL					
	□ Physician					
	□ Pharmacist					
	□ Nurse - CNP RN LPN CNA or MA					
	□ Other Medical Professional – please describe:					
	NON-MEDICAL					
- In	□ Support Staff – clerical, warehouse and a wide variety of other project support tasks.					
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Volunteer Interest	Level of program participation desired: I prefer to receive notification of and to make myself available for:					
	□ Active: respond to emergencies and participate in training and other activities as needed, pending availability.					
	☐ Limited: respond to emergencies and participate in major preparedness-related events occasionally.					
	□ Emergency Only: major public health emergency events only.					
	CONFIDENTIALITY STATEMENT: I understand the need and the importance of maintaining the					
	confidentiality of all clients and related information, and do hereby agree to keep that confidentiality.					
	Signature: Date:					
Optional	Specialized occupational, educational or volunteer experience:					
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Contact	Medical Reserve Corps Contact Information		On-line Registration Information			
	Mail to: Medical Reserve Corps Coordinator		1) If you would like to register online, you may do so through the			
	707 N. Armstrong Pl, Boise ID. 83704-0825		Idaho Preparedness Learning Management System: Complete			
	E-mail to: cdhdmrc@cdhd.idaho.gov		and submit application by going to the Volunteer Center at			
C	Call: (208) 321-2215		https://www.idahoprepares.com			
MRC	Fax : (208) 327-8554		2) A copy of this registration form can be found online at:			
	()	http://cdhd.idaho.gov/pdfs/php/mrc_volunteer_form.pdf				